

Notification Site Identification Form		Site ID
<b>3. Site Name</b>		
<b>4. Site Location</b>		
Street 1:		
City:		
State:		
Zip:		
Country:		
County:		
District:		
<b>5. Site Mailing Address</b>		
Street 1:		
Street 2:		
City/State/Zip:		
Country:		
<b>6. Site Land Type</b>		
<b>7. North American Industry Classification System (NAICS)</b>		
<b>8. Site Contact Person</b>		
Name:		
Title:		
Street Address:		
City/State/Zip:		
Email:		
Phone/Ext:		
<p><i>To ask about available formats for the visually impaired call 360-407-6700. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.</i></p>		

Dangerous Waste Site Identification Form (continued)		Site ID
<b>9a. Legal Owner</b>		
Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other		
Name:		
Street 1:		
Street 2:		
City/State/Zip:		
Country:		
Email:	Phone:   Ext:	
Owner Since:		
<b>9b. Land Owner</b>		
Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other		
Name:		

Street 1:			
Street 2:			
City/State/Zip:			
Country:			
Email:		Phone:	
			Ext:
Owner Since:			

<b>9c. Site Operator</b>			
Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other			
Name:			
Street 1:			
Street 2:			
City/State/Zip:			
Country:			
Email:		Phone:	
			Ext:
Operator Since:			

Dangerous Waste Site Identification Form (continued)	Site ID
10a. Hazardous Waste Activities	

**10d. Eligible Academic Entities with Laboratories –** Notification to participate in or withdraw from the State Academic Laboratory Rule - (Subpart K) for managing laboratory dangerous waste under WAC173-303-235.

**1. Yes, I am managing dangerous wastes under this rule.**

<input type="checkbox"/>	a. College or University
<input type="checkbox"/>	b. Teaching hospital that is owned by (or has a formal written affiliation agreement with) a college or university.
<input type="checkbox"/>	c. Non-profit institute that is owned by (or has a formal written agreement with) a college or university

**2. ☐ Yes, I wish to withdraw from this rule.** (If you were managing dangerous wastes under the State Academic Laboratory Rule and you no longer wish to participate, select this option.)

Dangerous Waste Site Identification Form (continued)	Site ID
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Dangerous Waste Site Identification Form (continued)	Site ID
13. Episodic Generator	
14. LQG Consolidation of SQG Hazardous Waste	
15. Notification of LQG Site Closure of a Central Accumulation Area (CAA) OR Entire Facility	
16. Notification of Hazardous Secondary Material (HSM) Activity	
17. Manifest Broker	
18. Pharmaceutical Activities	

19. Comments - Attach additional sheets if you need more room.
20. Certification - This form cannot be processed without a wet ink signature.

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